

STATE OF NEW HAMPSHIRE

Type or Print all Information Clearly:

Honorarium or Expense Reimbursement Report (RSA 15-B)



Name: Julying B. Larson Work Phone No. 603-271-2111	
Vork Address: 107 N. Main St., R.M. 302, Concord, N. H. 03301	
Office/Appointment/Employment held: NH Senate	
ist the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium rexpense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the orporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation rentity.	
ource of Honorarium or Expense Reimbursement:	
lame of source: Sohn A. Lynch Last Last	
ost Office Address: 107, N. Main St. Concord, NH.	
Occupation: Sovernor	
rincipal Place of Business: N. H.	
f source is a Corporation or other Entity: FEB 20 2009	
lame of Corporation or Entity: NEW HAMPSHIRE	5
lame of Corporate/Entity Representative:	ATE
Vork Address of Representative:	
ood and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00	
Talue of Honorarium: Date Received: 2/17/09 If exact value is unknown, provide an estimate of the value of the provide an estimate of the value of the provide an estimate. Exact Estimate	
Talue of Expense Reimbursement: Date Received: A copy of the agenda or an equivalent document must be attached to this filing. Exact Estimate	
riefly describe the service or event this Honorarium or Expense Reimbursement relates to:	
have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief." 3/19/19 Date Filed	

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301